

**UST SYSTEM COMPATIBILITY FORM**

	<b>KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION</b>	<i>Mail completed form to:</i> <b>DIVISION OF WASTE MANAGEMENT UNDERGROUND STORAGE TANK BRANCH 200 FAIR OAKS LANE, SECOND FLOOR FRANKFORT, KENTUCKY 40601 (502) 564-5981</b> <a href="http://waste.ky.gov/ust">http://waste.ky.gov/ust</a>	<b>FOR STATE USE ONLY</b>

A Compatibility form shall be submitted to UST Branch not more than 30 days after a repair to a UST system is made or a change in the product stored to verify the product stored is compatible with the UST system that contains it.

UST FACILITY INFORMATION	SMFO CERTIFIED CONTRACTOR
Agency Interest Number:	Name of SFMO Certified Contractor:
UST Facility Name:	Company Name:
Physical Address:	Mailing Address:
City, County, Zip Code:	City, State, Zip Code:
UST Owner:	Phone Number:
Owner Phone Number:	E-Mail Address:

**TANK AND PIPING INFORMATION**

This section shall be completed for all new UST systems, tanks, and entire piping run installations.

<input type="checkbox"/> Repairs <input type="checkbox"/> Change in Product		<b>DATE CHANGE OR REPAIR WAS MADE:</b>			
<b>TANK ID NUMBER</b> (e.g., 1, 2, etc.) Photocopy pgs 1 and 2 if more than 3 new tanks and/or piping are installed at the UST facility.		<b>Tank #:</b> <b>Compartment #:</b>		<b>Tank #:</b> <b>Compartment #:</b>	
<b>CURRENT / LAST SUBSTANCE STORED</b>  <b>UNL</b> – Reg. Unlead Gas* <b>NOL</b> – New Oil <b>PRM</b> – Premium Gas* <b>UOL</b> – Used Oil <b>PLS</b> – Plus Unlead Gas* <b>DSL</b> – Diesel** <b>KER</b> – Kerosene <b>JET</b> – Jet fuel <b>HAZ SUB</b> – CAS # <b>OTH</b> - Other (specify)		Substance Ethanol % Biodiesel % If the tank is a compartmentalized tank, list each compartment separately if the UST system will be storing different regulated substances or if the piping, spill containment, or overfill prevention devices are not built by the same manufacturer or are not the same model.		Substance Ethanol % Biodiesel % 	

**EQUIPMENT COMPATIBILITY VERIFICATION**

Compatibility shall be verified for the regulated substance stored either through UL listing or by manufacturer approval.

If the manufacturer and model/brand of the equipment listed below are the same for each UST system, list the tank numbers below and fill out this page one time. Otherwise, this page shall be completed for each tank. Make copies of this page as needed.

TANK ID NUMBER(S) \_\_\_\_\_

Component	Manufacturer	Model/Brand	UL		Manufacturer Approved
			Listed	Number	
Tank			<input type="checkbox"/>		<input type="checkbox"/>
Piping			<input type="checkbox"/>		<input type="checkbox"/>
Spill Containment			<input type="checkbox"/>		<input type="checkbox"/>
Overfill Prevention			<input type="checkbox"/>		<input type="checkbox"/>
Submersible Pump			<input type="checkbox"/>		<input type="checkbox"/>
ATG Probes			<input type="checkbox"/>		<input type="checkbox"/>
Interstitial & Sump Sensors			<input type="checkbox"/>		<input type="checkbox"/>
Vapor Recovery			<input type="checkbox"/>		<input type="checkbox"/>
Gaskets/Seals			<input type="checkbox"/>		<input type="checkbox"/>
Flex Connectors			<input type="checkbox"/>		<input type="checkbox"/>
Line Leak Detector			<input type="checkbox"/>		<input type="checkbox"/>
Angle Check Valve(Suction)			<input type="checkbox"/>		<input type="checkbox"/>
Emergency Shutoff Valve			<input type="checkbox"/>		<input type="checkbox"/>
Under-Dispenser Containment			<input type="checkbox"/>		<input type="checkbox"/>
Other (specify)			<input type="checkbox"/>		<input type="checkbox"/>

**INSTALLATION CONTRACTOR CERTIFICATION**

I certify that the UST system(s) was installed in accordance with the manufacturer's instructions. I further certify that the information provided in this document is true, accurate, and complete.

\_\_\_\_\_  
**Signature of SFMO Certified Installer**\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**\_\_\_\_\_  
Certification Number\_\_\_\_\_  
Printed Name\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Certification Expires**OWNER CERTIFICATION**

I certify that the above and the enclosed information is true and correct.

\_\_\_\_\_  
**Signature of Owner**\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

If you have questions on how to fill out this form or to request a review of UST facility records, please contact the UST Branch at (502) 564-5981 or visit our website at <http://waste.ky.gov/ust>.

**OWNER SHALL RETAIN A COPY OF THIS FORM FOR THE REMAINING OPERATING LIFE OF THE UST SYSTEM**